

ifs e-test™ CONDUCT OF ifs EXAMINATIONS

Examination Centre

Examination Date **Examination Time**

Please delete as appropriate:

Invigilator

I confirm that no unauthorised persons entered the examination room: **Yes / No**

I confirm that the examinations were conducted in accordance with the *ifs* **Yes / No**
Regulations for the Conduct of Examinations:

If you answered NO to any of the above questions, please give full details:

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Were there any technical problems? Yes/No

If **Yes**, please give details, and any actions taken to rectify:

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Continued Overleaf/....

Was the examination environment suitable? Yes/No

If **No**, please give details, and any actions taken to rectify:

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Did any student behave in an inappropriate manner? Yes/No

If **Yes**, please give details (including name of student, membership number, title of examination being taken, time and nature of disturbance). Please ask the student to sign and date below.

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Signature of student.....Date.....

Did any student make a complaint (Yes/No)

If **Yes**, please give name of complainant, membership number, title of examination being taken, time complaint was made and details of complaint. Please ask the student to sign and date below.

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Name of complainant..... Candidate No.....

Complainant's signature..... Date.....

Examination Officer's signature.....Date.....

Invigilator's signature.....Date.....

Print Name:

* Please indicate which unit has been taken.